

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967731	(X3) DATE SURVEY COMPLETED R 12/04/2017
NAME OF PROVIDER OR SUPPLIER LORIG & LORIG	STREET ADDRESS, CITY, STATE, ZIP CODE 3131 GATLIN DRIVE ROCKLEDGE, FL 32955	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit to the re-licensure survey was conducted on . Lorig & Lorig, Inc. Assisted Living, license #11703, had deficiencies at the time of the visit. 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC DEFICIENCY REMAINED UNCORRECTED Based on personnel record review and interview, the facility failed to ensure that all staff had documentation of freedom from communicable within 6 months prior to hire date for 1 of 2 staff reviewed (#D). Findings: Review of the personnel record for staff #D revealed a hire date of . Further review revealed a freedom from communicable statement dated , more than 6 months prior to her date of hire. In an interview with the administrator on at 1:00 PM, she confirmed the finding and stated she did not realize it had to be within 6 months before hiring. Class III 0081 - Training - Staff In-Service - 58A-5.0191(2) FAC DEFICIENCY REMAINED UNCORRECTED Based on personnel record review and interview, the facility failed to ensure that all staff had documentation of a 1-hour training in: 1) Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation and 2) the facility's resident elopement response policies and procedures, within thirty (30) days of employment for 1 of 2 staff reviewed (#D). Findings: Review of the personnel record for staff #D revealed a hire date of . Further review revealed certificates for training in emergency preparedness and elopement training dated , which was prior to the hire date in this facility. No documentation was found for facility-specific training in emergency preparedness and evacuation procedures or facility-specific training in elopement policies		

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and procedures. In an interview with the administrator on at 1:00 PM, she confirmed the finding and stated she had not provided the training for Staff D. Class III 0090 - Training - - 58A-5.0191(11) FAC DEFICIENCY REMAINED UNCORRECTED Based on personnel record review and interview, the facility failed to ensure that all staff had documentation of a 1 hour training in the facility's policy and procedures regarding () within thirty (30) days of employment for 1 of 2 staff reviewed (#D) Findings: Review of the personnel record for staff #D revealed a hire date of . Further review revealed certificates for dated , which was prior to the hire date in this facility. No documentation was found for facility-specific training in . policies and procedures. In an interview with the administrator on at 1:00 PM, she confirmed the finding and stated she had not provided the training for Staff D. Class III 0160 - Records - Facility - 58A-5.024(1) FAC Based on facility record review and interview, the facility did not maintain an accurate and up to date Admission and Discharge Log. Findings: Review of the Admission and Discharge log revealed there were 4 residents listed as current residents. Resident #5 was not documented on the log. On at 1:00 PM, the administrator confirmed Resident #5, who was admitted on . However, resident #5 was never entered on the log.		

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Class 0162 - Records - Resident - 58A-5.024(3) FAC DEFICIENCY REMAINED UNCORRECTED Based on observation, record review and interview, the facility failed to ensure the resident records included a health care provider's order for half bed rails for 1 of 3 records reviewed (#5). Findings: Observation during a tour of the facility on revealed resident #5 lying in his bed with half rails raised. He was awake, alert and watching TV. Review of the record for resident #5 revealed an admission date of . Further review did not find an order from a licensed health care provider for the half bed rails. In an interview with the administrator on at 11:00 AM, she confirmed she did not have an order for the half rails. Class III 0167 - Resident Contracts - 58A-5.025 FAC DEFICIENCY REMAINED UNCORRECTED Based on Resident Record Review and interview, the facility failed to include the provision in the resident contract, which stated residents require a new Health Assessment (1823) by a licensed healthcare provider every 3 years or after a significant change in health status for 1 of 3 sampled residents. (#5). Findings: Review of the record for resident #5 revealed an admission date of . Further review of the contract did not find language documenting a new Health Assessment (1823) by a licensed healthcare provider was required every 3 years, or after a significant change in health status. In an interview with the administrator on at 12:30 PM, she confirmed the findings and said she		

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updated the contracts for everyone, but could not explain why this new resident was given an old contract without this language. Class		